



Class Application Form
2011-2012 Season
Session 3

Swimmer Name: _____ DOB: _____ Age: _____ Today's Date: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Check this box only if you do **NOT** want your swimmer's picture posted on our website.

<u>Sheraton Tarrytown Hotel</u>																																																			
<p><u>Mommy/Daddy & Me</u> <u>Tuesday - Thursday Classes</u> <u>January 17 - March 22</u> Fee: \$250 for 10 class session</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Tue</td> <td style="width: 10%; text-align: center;">Wed</td> <td style="width: 10%; text-align: center;">Thu</td> <td style="width: 30%;"></td> </tr> <tr> <td>10:00 - 10:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Tue	Wed	Thu		10:00 - 10:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<p><u>Introduction to Water Skills</u> <u>Tuesday - Thursday Classes</u> <u>January 17 - March 22</u> Fee: \$250 for 10 class session</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Tue</td> <td style="width: 10%; text-align: center;">Wed</td> <td style="width: 10%; text-align: center;">Thu</td> <td style="width: 30%;"></td> </tr> <tr> <td>10:30 - 11:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:00 - 11:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:30 - 12:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>12:00 - 12:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>12:30 - 1:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>1:00 - 1:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>1:30 - 2:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Tue	Wed	Thu		10:30 - 11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11:00 - 11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11:30 - 12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12:00 - 12:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12:30 - 1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1:00 - 1:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1:30 - 2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<u>The Hackley School</u>																																						
<p><u>Fundamental Aquatic Skills</u> <u>Sunday Classes</u> <u>January 22 - March 18</u> Fee: \$200 for 8 class session* <small>*No class Feb 19th</small></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Sun</td> <td style="width: 60%;"></td> </tr> <tr> <td>10:00 - 10:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>10:30 - 11:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:00 - 11:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:30 - 12:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Sun		10:00 - 10:30	<input type="checkbox"/>		10:30 - 11:00	<input type="checkbox"/>		11:00 - 11:30	<input type="checkbox"/>		11:30 - 12:00	<input type="checkbox"/>		<p><u>Introduction to Water Skills</u> <u>Sunday Classes</u> <u>January 22 - March 18</u> Fee: \$200 for 8 class session* <small>*No class Feb 19th</small></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Sun</td> <td style="width: 60%;"></td> </tr> <tr> <td>10:00 - 10:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>10:30 - 11:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:00 - 11:30</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>11:30 - 12:00</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Sun		10:00 - 10:30	<input type="checkbox"/>		10:30 - 11:00	<input type="checkbox"/>		11:00 - 11:30	<input type="checkbox"/>		11:30 - 12:00	<input type="checkbox"/>		<p><u>Pre-Competitive Swimming</u> <u>Sunday Classes</u> <u>January 22 - March 18</u> Fee: \$260 for 8 class session* <small>*No class Feb 19th</small></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Sun</td> <td style="width: 60%;"></td> </tr> <tr> <td>11:00 - 11:45</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Sun		11:00 - 11:45	<input type="checkbox"/>	
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Registration Instructions: Registration form should be sent via email to swimschool@empireswimming.com, or via mail to: Empire Swimming, 45 Montross Street, White Plains, NY 10603. **Class sizes are limited and will be filled on a first come, first served basis. Space in class cannot be guaranteed without prior registration.**

Swimmer Evaluations: Evaluations will be held at the start of the first class.

Program Cost: Session fees, which include insurance, are due upon registration to secure your place in the program. **Please make checks payable to "Empire".**

E-mail Communication: All program communications are handled via email. Please be sure that the Swim School has the most current email address for the primary contact person in your family.

Refund/Credit Policy: All Swim School program fees are non-refundable. Refunds or make up classes will not be given for missed classes. Make up classes are only offered for cancelled classes.



I, _____, the parent and legal guardian of _____ ("Participant(s)"), who is/are participating in the Empire Aquatics, Inc. - Empire Swim School, hereby agrees and understands that swimming is an inherently dangerous activity which may expose Participant(s) to the risk of serious physical injury, including but not limited to paralyzing injuries and death. On behalf of Participant(s), I hereby assume all of the risks of participation in the Empire Swim School, realizing that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment of property owned, maintained or controlled by them or because of their possible liability without fault.

In consideration of permitting Participant(s) to participate in the Empire Swim School, I hereby agree to indemnify and hold harmless Empire Aquatics, Inc., the Empire Swim School, its employees, coaches, directors and agents (i) from and against any liability resulting from any injury, disability, death, property damage or property theft which may occur to Participant(s) while participating in the Empire Swim School, and (ii) from any and all liabilities or claims made by other individuals or entities as a result of Participant(s) actions while participating in the Empire Swim School.

I hereby authorize any representative of Empire Aquatics, Inc., or the Empire Swim School to have the Participant(s) treated in any medical emergency during their participation in the Empire Swim School. Further, I agree to pay all costs associated with such medical care and related transportation for the Participant(s). I have noted on the bottom of this form any medical/health-related problems of which the Empire Swim School Staff should be aware. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, UNDERSTAND ITS CONTENTS, AND AGREE TO BE BOUND BY ITS TERMS.**

Signature: _____ Date: _____

 **EMPIRE SWIMMING**
45 MONTROSS STREET
WHITE PLAINS, NY 10603
www.empireswimschool.com